

Assessment of Pseudomentalization in Female Patients with Anorexia Nervosa through the Thematic Apperception Test

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Abstract

The purpose of our study is to investigate whether there is a link between anorexia nervosa and pseudomentalization (PS). Our hypothesis is that there is a relationship between anorexia nervosa and pseudomentalization. Our sample consisted of three (3) women aged 22 - 30 years, diagnosed with anorexia nervosa. We administered the Thematic Apperception Test (TAT) and the scoring. The interpretation of the results was accomplished through a counting grid, named PS-TAT, which we created in order to assess pseudomentalization. Results suggested that patients diagnosed with anorexia nervosa present signs of pseudomentalization. Implications in treating anorexia nervosa are discussed, based on Mentalization – Based Treatment.

Keywords: Anorexia Nervosa; Pseudomentalization; Thematic Apperception Test, Mentalization; Counting Grid

Abbreviations

TAT: Thematic Apperception Test; PS: Pseudomentalization; MBT: Mentalization Based Treatment

Introduction

Anorexia nervosa is a severe mental disorder characterized by four elements: a constant quest for thinness, abnormal patterns of eating behaviors, body image disturbance and feverish exercise [1]. According to the American Psychiatric Association [2] the diagnostic criteria of anorexia nervosa are the following: restricted food intake resulting in a noticeably low body weight, excessive fear of weight increase, aberrant way of experiencing the body weight or shape, or denial of the seriousness of low weight. The weighted mean of lifetime prevalence for anorexia nervosa is 1.4% (0.1 - 3.6%) for women and 0.2% (0 - 0.3%) for men [3]. Arcelus *et al.* [4] in a meta-analysis found a high mortality rate for patients with anorexia nervosa: the yearly weighted mortality was 5.10 deaths (95% CI, 3.99 - 6.14) per 1000 persons-year. According to Bulik *et al.* [5], the mortality rate of anorexia nervosa is the highest of all psychiatric disorders.

Anorexia nervosa is an enigmatic, perplexing and widely misinterpreted disorder [5]. Its pathology is poorly understood [6], and it is essential that rigorous investigation of the aetiology and of the course of illness be conducted [7]. Treasure *et al.* [8] pinpointed that anorexia nervosa is under-researched. Its pathophysiology and therapeutic treatment are uncertain, and its outcome is generally poor [9]. The patients' understanding of their emotional state is limited, which indicates their struggle to express their own illness. This explains the reason why one half of the patients drop out of the treatment programme [9]. In general, there is no certain way to conceptualize anorexia nervosa.

The mentalization theoretical approach, introduced by Fonagy and collaborators, seems to provide a way of understanding anorexia nervosa, among other eating disorders. Fonagy *et al.* [10], developed a revised attachment therapy based on the psychoanalytic approach where 'mentalization' is an aspect of 'reflective function'. Anorexia nervosa is conceptualized as mentalization deficit disorder [11].

The article provides a study of the usefulness of mentalizing based therapy for anorexia nervosa treatment. In this study, we focus on anorexia nervosa and on one of the manifestations of the prementalistic psychic mode, "pretend mode": the pseudomentalization, in order to demonstrate the link between them, based on the sample of three (3) patients, who completed a TAT.

Mentalization, pseudomentalization and anorexia nervosa

The term mentalization was used for the first time by French psychoanalysts in the late 60's [12] and presented mentalization as a process of drives and affects transformed into symbols [13]. It was mainly used by Pierre Marty [14], a psychosomatic psychoanalyst, in his research in order to refer to the quantity and the quality of psychic representations, and to their expressions, verbalization and effects. The concept of mentalization also includes the Theory of Mind (ToM)[15].

Fonagy and his collaborators introduced the concept of mentalization (or mentalizing) in the Anglo-Saxon scientific literature in the late 80's [16]. The work of Fonagy *et al.* [17] on mentalization belongs to the tradition of interest within psychoanalysis in developmental theory and research. Their theories had been preceded by the concepts of proficient psychoanalysts, giving-citing the example of Bion's concept of containment, and of the importance of inter-subjective relationship.

Mentalization is defined by Bateman and Fonagy "as the mental process by which an individual implicitly and explicitly interprets the actions of himself and of others as meaningful on the basis of intentional mental states such as personal desires, needs, feelings, beliefs, and reasons" [18 p.xxi]. It is not only a cognitive operation; developmentally, it starts with the "discovery" of affects within the primary-object relationships [17]. Mentalization is, by all means, a fundamental facet of human social functioning [17]. Mentalization is a characteristic of reflection, and can be defined as 'keeping one's own state, desires, and goals in mind as one addresses one's own experience, and keeping another's state, desires, and goals in mind as one interprets his or her behavior'[9 p.324]. Two constituents are included, the self-reflective and the interpersonal [17].

Mentalization is a vital capacity, according to Fonagy and Allison [16], on account of its self-organization and affect regulation. Affect regulation is intimately akin to mentalization, thanks to the essential role affect regulation plays in the development of the sense of the self and of the agency [17]. The extent to which each individual can mentalize and understand interpersonal behavior depends on his/her early experiences as well as his/her genetic inheritance [16].

The mentalization model is a case of a change in the comprehension of the mind's function; symptoms are still conceived as transmitting symbolic meaning and dynamic meaning, but "their invocation derives more from an emergent need to drown out painful self-states" [11 p. 351].

Patients with anorexia nervosa show severe mentalization deficit. Described as a disorder of self and affect regulation, anorexia nervosa presents 'concretistic symptoms that essentially serve the function of maintaining the cohesion and stability of the tenuous sense of self'[9 p.324]. Studies assessed by Rothschild-Yakar *et al.* [19; 20] have shown in their research that low mentalization in eating disorders forms a risk factor and indicates a lack of symbolic representations. Anorexia nervosa is understood by Skårderud and Fonagy as an expression of an underlying self-disorder [17].

Individuals with anorexia nervosa possibly try to suppress their agonized feelings by self-stimulatory activities such as starvation and hyperactivity [21]. The failure of internal self-regulation may make the patient with anorexia nervosa feel "inadequate, ineffective, and out

of control” [11 p. 352]. Anorexia nervosa is best conceived as an essayed resolution to problems of social (self) regulation [21]. A variety of studies have focused on problems of self-regulation in eating disorders [22,23].

To summarize, according to the mentalization model, anorexia nervosa is comprehended as the externalization of underlying impairments in self-regulation and affect regulation [21], which means that “a person with anorexia will most often be a person with difficulties in interpreting and regulating their own affects, in interpreting other people’s emotion, and last but not least in perceiving and interpreting their own corporeality” [11 p.357].

The mentalization theory approach would indicate that a patient with anorexia nervosa dramatically attempts to control his/her eating behavior as an outcome of his/her unsuccessful efforts to regulate a social self [21]. Mentalization – Based Treatment (MBT) is the process of ‘making mentalizing a core focus of therapy’ [24 p. 595].

Psychic reality is represented by three “nonmentalizing” or “prementalistic” modes, which emerge as the child grows and which pre-date mentalization: the psychic equivalence mode, the teleological mode and the pretend mode [12].

In the first mode of functioning leading to the development of mentalization, the child believes that what happens in the mind also happens in the world [12]. A very illustrative example is when a child thinks “there is a monster in the closet, a monster is in the closet (world=mind) [25]”. Thoughts, emotions and feelings are a part of reality and not a part of mental states representing reality [17 p.199].

Secondly, when the infant is about 9 months old, he/she makes the discovery of his/her impact on the world [12]. A teleological stance is developed [17]. This stance can also be compared with “9-month social-cognitive revolution” [17 p. 222]. The infant can adjust his action in favor of a purpose and of a positive outcome. Nevertheless, the infant judges this outcome in accordance with the outcome’s physical dimension.

In the pretend mode, the child tries to find a “shelter”, away from the psychic equivalence [26] and constructs his own world, “where he imagines, he arranges things just as he wants them to be, and he plays” [12 p. 197], a ‘pretending world’, meaning that the child is creating his own world. For Winnicott, the child is ‘playing with the reality’. Pretend mode is a detachment of the internal world from the external, which is normal for the child given that he/she experiences the physical world in psychic equivalence as too dangerous [12].

In normal development, the integration of the psychic equivalence and the pretend mode by the child, leads to the capacity to mentalize, and “the child integrates these two modes to arrive at a reflective mode, or mentalization, in which thoughts and feelings can be experienced as representations” [9 p.331]. However, the acquisition of the mentalization capacity can easily be ruined owing to genetic factors, disorganized early attachment, trauma and stress [17]. At those moments, the prementalistic modes of representing psychic reality re-emerge, leading to people’s regressing, trying to retrieve stabilization of the self [18]. Words can be understood, but without any significant impact upon reality.

In our study, we focused on the pretend mode in which the child experiences reality alternatively and he/she is “playing with reality”; it is when there occurs dissociation between internal and external reality. From the mentalization theoretical point of view, in pretend mode, corporeality in eating disorders can be defined when one’s body feels too unreal [11] since it is a mode related to ‘not being in contact with’. According to the mentalization model, in pretend mode, the body image distortion is conceptualized as disembodied state disengaged from both affects and physical stimuli [21]. Pretend mode can take two forms: hypermentalizing or pseudomentalizing.

According to Bateman *et al.* [27], pseudomentalizing is affiliated to intellectualization and rationalization in terms of the way patients talk about issues. Clinically speaking, patients tend to be ruminative and overly detailed, and the person engaged in, normally the therapist, feels excessively self-absorbed. The discussion is not grounded in reality and is divided from personal experience in terms of

complexity and affect [27 p. 128]. The dialogues may appear as appropriate, but without any affect, “the patient has words, but they are not yet their own” [9 p.331].

Pseudomentalization is expressed by three types: intrusive, when the individual knows what the others think, overactive, when the individual details to excess and is separated from reality and more specifically from affective reality, and destructively inaccurate, when one denies others’ mental states and substitutes for them with one’s own ideas [28]. Overall, pseudomentalization is a state in which one uses feelings, emotions and thoughts as a way to escape from current reality [29].

The study

Principal hypothesis

The main hypothesis of this study is that there is a link between anorexia nervosa and pseudomentalization in female adults.

Methods

In this study, Thematic Apperception Test (TAT) was used in order to assess pseudomentalization in female adults with anorexia nervosa.

Measures

According to Luyten *et al.* [28], the Thematic Apperception Test (TAT), among other measures, can be used for the assessment of mentalization. Our objective was to create a counting grid in order to assess pseudomentalization through TAT. As already mentioned (supra section Mentalization, pseudomentalization and anorexia nervosa), Bateman *et al.* [28] defined pseudomentalization as akin to intellectualization. The Thematic Apperception Test interpreted according to the French school [30], seems to be the appropriate instrument to detect intellectualization, defined as ‘distance introduced by the fictitious while making the awareness of interpreting’ [30 p. 67].

Bateman *et al.* (supra section Mentalization, pseudomentalization and anorexia nervosa) pinpointed that the patients’ speech “tends to be ruminative and overly detailed” [27 p.128]. TAT is suitable to assess those two features. According to the French school of interpretation of the TAT, it is possible to assess whether the subject is concentrating on the details. Concerning the tendency to be ruminative, the rumination is also assessed by TAT.

A feature of pseudomentalization, according to Bateman *et al.* [26 p.128], (supra section Mentalization, pseudomentalization and anorexia nervosa), is the fact that the discourse of the subject is not associated with the reality. One can deny the objective reality that defines the subjective understanding [31 p. 75]. In TAT, this feature can be assessed by the false perceptions, the scotoma of an obvious object and based on the percept (in French “appui sur le percept”).

Another feature is that the subject is “decoupled from (affective) reality” [28 p.64]. This feature can be detected in TAT (Isolation between representations or between representation and affect, contrast representations and/or contrast affects, minimized affect) which reflects one pseudomentalization characteristic, ‘the tendency to express absolute certainty without recognizing the inherent uncertainty that knowing someone else’s mind entails’ [31 p.73].

In order to assess pseudomentalization through TAT, we created our own counting grid (Table 1), based on the TAT’s “grille de dépouillement” (counting grid) of Brelet-Foulard and Chambert.

Table 1: Counting grid of Pseudomentalization in TAT (PS-TAT).

Group of features	PS feature no.	Features	Frequency of features
Avoidance of conflicts	PS-1	Description with attention to detail	
	PS-2	Intellectualization	
	PS-3	Rumination	
	PS-4	Based more on the percept (in French “appui sur le percept”)	
Association with exterior reality	PS-5	Scotoma of an obvious object	
	PS-6	False perceptions	
Affect’s elaboration	PS-7	Isolation between representations or between representation and affect	
	PS-8	Contrast representations and/or contrast affects	
	PS-9	Minimized affect	

Participants

The sample of this study was three (3) women aged 22 - 30 years (Katerina, Maria and Helen), who were diagnosed with anorexia nervosa, and who, following relevant recommendation by a nutrition/health center, visited our private practice.

Results

1. KATERINA’S TAT PROTOCOL AND INTERPRETATION ON THE BASIS OF THE COUNTING GRID PS-TAT

Katerina is 22 years old.

Card 1

Response

It’s a boy who looks at a violin which is on the table. He is pensive, maybe because he wants to play but he does not know how. The violin does not belong to him. He wants to learn how to play but he thinks that it is very difficult. He must find a teacher if he wants to learn how to play. The violin is one of the musical instruments which are very difficult to play... That’s all.

The narration starts with a description with attention to detail (PS-1). We observe also rumination (PS-3) and finally an intellectualization.

Card 2

Response

I would say here...It is a woman and a man who are together, a couple. A couple in the country. The man works and the woman does not work because she is pregnant. There is also another woman. She is young. She carries books. I do not understand what she is doing in the country.

In this answer, the description with attention to detail (PS-1) and the fact that it is based more on the percept (in French “appui sur le percept”; PS-4) are massive.

Card 3BM

Response

It's a woman; it must be a woman, sitting on the floor, who looks desperate. She cries. Usually a woman cries because of a man.

In this answer we notice a description with attention to detail (PS-1) and an intellectualization (PS-2).

Card 4

Response

This picture... I would say that the woman is in love with the man but the man wants to leave her. She wants to talk to him and she grabs his shoulders. She loves him very much.

We notice in this answer a description with attention to detail (PS-1) and rumination (PS-3).

Card 5

Response

Hum...I would say a grandma. She looks old. She heard noises from the baby's bedroom. She opened the door and she switched on the light to see what was happening. She is stressed. Or it is not the baby's bedroom because there is a table and books. Grandma entered the dining room. She wanted to detect where the noises were coming from. She is anxious.

We observe a description with attention to detail (PS-1), rumination (PS-3) and isolation between representations or between representation and affect (PS-7, because Katerina changes the subject of the story).

Card 6GF

Response

A man addressed a young woman; he told her something. The young woman listened to him and she is afraid because...I don't know. Maybe the young woman and the man argue. The woman is afraid of the man.

At the beginning, we observe a description with attention to detail (PS-1) and afterwards isolation between representations or between representation and affect (PS-7), rumination (PS-3) and also a scotoma of an obvious object (PS-5), the pipe.

Card 7GF

Response

I would say that the young girl wanted to play with a doll but someone interrupted her. There is also an old woman who looks at the doll. At the age of this girl, most girls stop playing with dolls. That's all.

We observe in this narration a description with attention to detail (PS-1) and an intellectualization (PS-2).

Card 8BM

Response

I see a man lying on a surgery table and two doctors who operate on him. They try to save his life, his condition is critical.... I also see a boy. Maybe he wants to become a surgeon.

The narration starts with a description with attention to detail (PS-1). We also observe a scotoma of an obvious object (PS-5), the shotgun.

Card 9

Response

A lady is trying to escape from her father. The lady's maid observes her and she will narrate to the father about the escape of his daughter. The lady's maid will betray the lady. Or the lady runs because she has an appointment with a man that she likes.

There is isolation between representations or between representation and affect (PS-7, change of subject) and also rumination (PS-3).

Card 10

Response

Here it's a couple. They are old. I suppose that they married, many years ago. Their relationship is very strong. The man comforts her. Something bad happened. I don't know what. Maybe someone is dead. The man consoles her. Their child is dead.

We observe rumination (PS-3) and minimized affect (PS-9).

Card 11

Response

I see a lurking dragon. It is a bad dragon and it is hidden in a hole. If someone crosses the bridge, the dragon traps him. It is dangerous to cross the bridge. I do not know what happens in the end. Maybe the dragon kills the people.

In the beginning, a description with attention to detail is obvious (PS-1), and afterwards an intellectualization is articulated. (PS-2).

Card 12 BG

Response

I see a beautiful spring day. I see a lot of flowers on a tree. This image makes me happy. Spring is the season of happiness. That's all.

We notice rumination (PS-3), a scotoma of an obvious object (PS-5, the boat) and an intellectualization (PS-2).

Card 13B

Response

A little boy. He is waiting for his mother. She is late. He does not feel protected. He is at the door of his house and he is unshod...It is a hot sunny day. He enjoys the sun.

In this answer, we pinpoint a description with attention to detail (PS-1) and an isolation between representations or between representation and affect (PS-7) which is expressed by the abrupt change in the course of the story.

Card 13MF

Response

I see a man who wakes up. He covers his eyes with his hand. A lady sleeps naked. I suppose that they have a secret relationship, because he is married to another woman.

Katerina starts the narration with a description with attention to detail (PS-1). We also observe that the affect is minimized (PS-9).

Card 19

Response

I would say there is a house on the mountain. A weird house, with a chimney, covered in snow. It is in Alaska, far from the cities, where it always snows. It is cold, but inside the house it is very warm. People stay inside.

In this narration, we notice a description with attention to detail, (PS-1) and afterwards an intellectualization (PS-2).

Card 16

Response

I see a park. It is sunny. There is nobody. The sun is strong. It can be the paradise where everything is white.

We observe an intellectualization at the end of the narration. (PS-2).

In our opinion, Katerina’s score in pseudomentalization would be 7/10. We observe three occasions of Katerina’s altering the exterior

Table 2: Counting grid of Pseudomentalization in TAT (PS-TAT) for Katerina.

Group of features	PS feature no.	Features	Frequency of features
Avoidance of conflicts	PS-1	Description with attention to detail	12
	PS-2	Intellectualization	7
	PS-3	Rumination	7
	PS-4	Based more on the percept (in French “appui sur le percept”)	1
Association with exterior reality	PS-5	Scotoma of an obvious object	3
	PS-6	False perceptions	-
Affect’s elaboration	PS-7	Isolation between representations or between representation and affect	4
	PS-8	Contrast representations and/or contrast affects	-
	PS-9	Minimized affect	2

reality through the scotoma of an obvious object. The difficulty to elaborate on affects is present 6 times for Katerina, and she resorts to minimizing them in or to isolating them from their representation. Concerning the avoidance of conflicts, the score of Katerina can be considered a high one; she has difficulty to in coping with conflicts.

2. MARIA'S TAT PROTOCOL AND INTERPRETATION ON THE BASIS OF THE COUNTING GRID PS-TAT

Maria is 23 years old.

Card 1

Response

This is the story of a young boy who has to learn how to play the violin, but he does not want to because his teacher is strict. He looks at his violin and he is pensive. That's all. I cannot find an end for the story. It is very difficult to learn how to play the violin.

We observe, in this first answer, a description with attention to detail (PS-1) and additionally an intellectualization in the end. (PS-2).

Card 2

Response

This is the story of a young woman who leaves her parents' farm to go to the city. She carries books; therefore she is going to study at the university. She is happy. Hum...She is also sad, her look is melancholic.

Concerning the young woman Maria, we notice expressed contrast representation and/or contrast affects (PS-8).

Card 3BM

Response

This is the story of a sad woman. She cries because she has just learnt that someone is dead. Perhaps her mother or her father. She cries for many hours.

We observe rumination (PS-3).

Card 4

Response

This is the story of a woman... or of a couple. The man wants to go away. The woman is trying to stop him. She tells him that she loves him, but the man is angry, I don't know why.

The narration starts with a description with attention to detail (PS-1).

Card 5

Response

This is the story of a maid, who enters the room to see if everything is ok, because she heard a noise. She is relieved because there is

nobody in the room, but she is anxious.

In this story we notice contrast representations and/or contrast affects (PS-8): the woman is relieved and at the same time anxious.

Card 6GF

Response

This is the story of a woman who is informed of terrible news by a man who is the best friend of her husband. She got a shock.

In this answer, there is scotoma of an obvious object (PS-5), the pipe.

Card 7GF

Response

This is a story of a girl who is bored. Her mother reads a fairytale. The girl wants to go to her friends because she wants to play with them. She thinks that the fairytale is really boring, that she is not a little girl anymore. Some mothers do not understand that their children grow up.

In this narration, we notice a scotoma of an obvious object (PS-5, the doll), rumination (PS-3) and finally an intellectualization (PS-2).

Card 8BM

Response

This is a story about a young boy. His father went hunting and he was accidentally injured by a gun. Maybe his father will die. The boy does not like hunting because it is dangerous. The boy holds his father's gun.

We notice in this narration we notice minimized affect (PS-9) and an intellectualization (PS-2).

Card 9GF

Response

A young woman goes to meet her boyfriend in the garden. A secret meeting. Her maid is in hiding behind a tree and she watches the meeting. The maid looks sad. The young woman runs.

We observe a description with attention to detail (PS-1).

Card 10

Response

This is a couple. They are old and ugly. The man is seriously ill. He might die.

In this answer we observe minimized affect (PS-9).

Card 11

Response

It is dark. I don't understand this image. I see a bridge. No it is not a bridge; it is an old door of a church. A landslide took place. The church was destroyed.

We notice an isolation between representations or representation and affect (PS-7), a sudden change in the subject of the story.

Card 12BG

Response

The spring came. A tree is already blooming. A couple will come to go boating.

In this response, we observe a description with attention to detail (PS-1).

Card 13B

Response

A barefoot boy. He is poor and he is hungry: he waits for his mother to bring him food.

In this answer, there is no notice of PS-TAT.

13MF

Response

A man who leaves his lover's house, because he has to return to his wife. He feels guilty...He had a great time with his lover and he is in love with her. He is happy.

We observe in this story contrast representations and/or contrast affects (PS-8): the man feels guilty and at the same time he is happy.

Card 19

Response

It is a weird isolated house. There is snow everywhere. People will spend the winter indoors because it's very cold and it is cloudy. The clouds are black. This house is a refuge, because in the winter it is very cold.

We notice a description with detail (PS-1) and rumination (PS-3).

Card 16

Response

It is a blank space. I would say that this image symbolizes emptiness. I cannot find a story. The meaning... We have to find a meaning to our lives, otherwise our lives are of no worth.

We notice the fact that she is based at first more on the percept (in French "appui sur le percept"; PS-4) and later on an intellectualization (PS-2).

Maria presents, in our opinion, a pseudomentalization of 6/10. According to the PS-TAT, she often uses the “avoidance of conflicts”, utilizing ways like the defense of intellectualization, the basic mechanism of pseudomentalization. We must point out that twice in her

Table 3: Counting grid of Pseudomentalization in TAT (PS-TAT) for Maria.

Group of features	PS feature no.	Features	Frequency of features
Avoidance of conflicts	PS-1	Description with attention to detail	5
	PS-2	Intellectualization	4
	PS-3	Rumination	3
	PS-4	Based more on the percept (in French “appui sur le percept”)	1
Association with exterior reality	PS-5	Scotoma of an obvious object	2
	PS-6	False perceptions	-
Affect’s elaboration	PS-7	Isolation between representations or between representation and affect	1
	PS-8	Contrast representations and/or contrast affects	3
	PS-9	Minimized affect	2

protocol a scotoma of an obvious object is presented. This scotoma shows that Maria can lose the association with external reality. Finally, Maria’s protocol indicates that it is difficult for her to elaborate on her affects and she uses many ways to cope with them: isolation between representations or representation and affect, contrast representations and/or contrast affects, and minimized affect.

3. HELEN’S TAT PROTOCOL AND INTERPRETATION ON THE BASIS OF THE COUNTING GRID PS-TAT

Helen is 30 years old.

Card 1

Response

I see a young boy who practices on the violin. He makes a pause because he is tired. Playing the violin is not easy for a young boy. He had to practice for many hours. He is bored. He does not like playing the violin.

We observe an intellectualization (PS-2) and rumination (PS-3).

Card 2

Response

A young woman goes to the university. She holds her books. Her parents are farmers. She has to leave the farm to go to the city in order to study. She is very happy, because she likes studying. She does not want to be far from her family, she is melancholic.

We observe a description with attention to the detail (PS-1) and contrast representations and/or contrast affects (PS-8).

Card 3BM

Response

It's a woman or a man who is hopeless, because of his/her loneliness. Probably a woman. A woman who has neither friends nor family. Life is hard for her. I see something on the floor. I am not sure what it is. A gun or a knife. Maybe she has it for protection. Maybe she will use it to commit suicide.

We observe a description with attention to detail (PS-1) and contrast representations and/or contrast affects (PS-8).

Card 4

Response

A couple. The man wants to go away and the woman grasps him. The man wants to make a long trip without her. She will do everything to stop him. The train departs and he must run but she does not let him go.

We notice minimized affect (PS-9) and a description with attention to detail (PS-1).

Card 5

Response

A woman who woke up in the middle of the night owing to a nightmare. She is anxious and she goes to her children's bedroom to see if everything is all right. She loves her children and she will give them a kiss.

In this answer we do not notice any feature of PS-TAT.

Card 6GF

Response

A beautiful young woman in a bistro. A man, older than her, who smokes a pipe, flirts her. She shows surprise because he is old and she does not feel comfortable. She is afraid of him, but she does not show it. She speaks to him abruptly and tells him to leave her alone. The man smiles.

We notice a description with attention to the detail (PS-1) and rumination (PS-3).

Card 7GF

Response

A pretty young girl. She wants to play with her doll which looks like a real baby. However, her mother does not let her play, because the girl has to finish her homework. The mother holds a book and asks the girl questions about the schoolwork. The girl does not listen to her. She looks elsewhere. She wants to go to the garden and play with her doll.

There is a description with attention to the detail (PS-1), the fact that she is based more on the percept is manifested (in French "appui sur le percept"; PS-4), and so is minimized affect (PS-9).

Card 8BM

Response

This image makes me think of war. A man is wounded in a battle and soldiers operate on him on the battlefield. There is also an adolescent in a suit and tie, and with a gun in his hand. I cannot understand what is the connection between the surgical operation and this adolescent is.

The only thing we notice is a description with attention to the detail (PS-1).

Card 9GF

Response

I see a lady who runs in a garden. I don't know why. Maybe a stranger intruded himself into her property and she is stressed. Her maid follows her but she is afraid of the stranger and she hides behind a tree. It is dangerous to live in an isolated house.

We notice a description with attention to the detail (PS-1) and an intellectualization (PS-2).

Card 10

Response

An elderly couple in love. There is intimacy between them. I suppose that they were married decades ago. Something terrible happened and the man consoles the woman.

We observe in this narration a description with attention to the details (PS-1) and rumination (PS-3).

Card 11

Response

I see a path and a bridge. A strange animal is on the path. It is an injured animal which tries to move. It could be a huge insect. This image is not realistic.

In this story, we notice a description with attention to the detail (PS-1), rumination (PS-3) and an intellectualization (PS-2).

Card 12BG

Response

This image is totally different from the previous ones. A landscape in the spring. An almond tree in blossom. A silent river. I imagine happy children playing in this place. However, the place is a little bit dangerous; if the children are alone they are afraid.

This narration is based on a description with attention to the detail (PS-1). There is also a scotoma of an obvious object (PS-5), the boat. Finally, contrast representations and/or contrast affects (PS-8) are expressed by Helen.

Card 13B

Response

Here is a young boy at the door of a wooden house. The light of the sun is intense and it is very hot. The boy waits for his friends. They will go to the forest to play. He is delighted. But he is also thoughtful; he covers his mouth with his hand.

The narration starts with a description with attention to the detail (PS-1). We also observe contrast representations and/or contrast affects (PS-8).

Card 13MF

Response

A woman is murdered on her bed. There is blood all over her neck. A man found her dead and he got a shock. He can't look at her dead body. The man is a police detective. He is very touched, because the woman was a friend of his and he dare not look at her.

We observe in this story a description with attention to the detail (PS-1), false perceptions (PS-6, blood), and rumination (PS-3).

Card 19

Response

This image looks like a contemporary painting. It is a kind of a huge car which can move on snow. But now it is covered with snow, which must be removed.

We notice a description with attention to the detail (PS-1).

Card 16

Response

It is not fair! There is nothing! Ok, I will make up a story. It is winter and it snows. The windows are covered with snow. A little girl comes out to clean the windows. It is hard work, but she finally manages to clean them. She is exhausted and hungry and she misses her mama who is at work.

The narration has a description with attention to the details (PS-1) and minimized affect (PS-9).

Helen presents a pseudomentalization of 7/10, according to the indices of the PS-TAT. She expresses through TAT almost all the indices

Table 4: Counting grid of Pseudomentalization in TAT (PS-TAT) for Helen.

Group of features	PS feature no.	Features	Frequency of features
Avoidance of conflicts	PS-1	Description with attention to detail	14
	PS-2	Intellectualization	3
	PS-3	Rumination	5
	PS-4	Based more on the percept (in French "appui sur le percept")	1
Association with exterior reality	PS-5	Scotoma of an obvious object	1
	PS-6	False perceptions	1
Affect's elaboration	PS-7	Isolation between representations or between representation and affect	-
	PS-8	Contrast representations and/or contrast affects	4
	PS-9	Minimized affect	3

of pseudomentalization, scoring from 1 to 15. Helen tries to avoid the conflicts and she mainly uses the “description with attention to details”. She aims at avoiding contact with her internal world. Regarding the association with external reality, Helen scores 2. This score shows her relation with external reality isn't secure. Helen scores 7 in affect's elaboration, a score which shows the difficulty for her to elaborate on her affects and indicates why she often uses ways to “contrast affects” in order to deal with her internal reality.

Discussion

By comparing and interpreting the three protocols, those three women, diagnosed with anorexia nervosa, present signs of pseudomentalization. The counting grid created, PS-TAT (table 1), enabled us to detect these signs.

We observe through the protocols that the three cases have high scores of pseudomentalization, especially their score on the group of ‘avoidance of conflicts’ is very elevated. All of them also used ‘intellectualization’ and ‘rumination’ to describe the cards. Patients have also indicated in their answers their struggle to express feelings (Feature: Minimized affect), and also their internal ambivalence over thoughts and emotions (Feature: Contrast representations and/or contrast affects).

Our hypothesis is based on the link between anorexia nervosa in female patients and pseudomentalization. The results of our study can confirm our hypothesis which can lead to new grounds for the therapy of anorexia nervosa. As it has already been conceived as a mentalization deficit disorder, the results should be taken into account when considering the treatment of anorexia nervosa, using Mentalization – Based Treatment.

Patients with anorexia nervosa who present signs of pseudomentalization, can eventually benefit from the Mentalization-Based Treatment developed by Bateman and Fonagy [19]. The main reason for that is to recognize the function and not the content and ‘to distinguish between bodily sensations and mental representations’ [9 p.333].

Conclusion

In total, the results of our study confirm the relationship between anorexia nervosa and pseudomentalization and the importance of MBT to patients with eating disorders.

Patients, under treatment, often reply ‘with pseudomentalization or pseudo compliance, which can be seen as a hallmark of eating discorded functioning’, especially patients diagnosed with anorexia nervosa [22 p.52]. Patients, even though they show a strong effort at reflect and engagement, are eventually uncreative [32]. As Skardedurd states, ‘the body also functions as a symbolic tool, as a language to communicate with others and with ourselves about matters beyond corporeality itself’ [6 p.163].

It is possible that Mentalization-Based Treatment can be effective for a range of mental disorders, especially for those with mentalization impairment such as eating disorders [19]. In this sense, ‘when mentalizing is impaired, the body may take on an excessively central role for the continuity of the sense of “self”’ [33 p.72]. Given the fact that people with eating disorders have a low level of mentalization, especially those with anorexia nervosa, MBT can treat patients effectively [29]. Mentalizing helps to understand each other and itself, mentally and subjectively [24 p. 595]. When patients present signs of low mentalization and of pseudomentalization, Mentalization-Based Treatment seems to be suitable and effective in their cases.

The PS – TAT created can also be used to assess pseudomentalization in patients with other psychiatric disorders. It is crucial to expand the knowledge about the relation of pseudomentalization and mental disorders, and the creation of this counting grid, can help in this field of research. The estimation of the relation of pseudomentalization with mental disorders can contribute to the choice of the psychological treatment.

The generalization of the results is limited by the number of participants in this study. Future research might be conducted, using a larger number of participants in order to generalize our findings.

Disclosure Statement

The author declares no conflicts of interest.

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